

<i>SERFF Tracking Number:</i>	<i>AGNY-125517297</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-25</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program /AIC-07-EO-25</i>		

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Architects & Engineers Professional Liability Program
 SERFF Tr Num: AGNY-125517297 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.1019 Professional Errors & Omissions Liability	Co Tr Num: AIC-07-EO-25	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Janine Graham
 Date Submitted: 03/03/2008
 Disposition Date: 03/27/2008
 Disposition Status: Approved

Effective Date Requested (New): 04/05/2008
 Effective Date Requested (Renewal): 04/05/2008
 Effective Date (New):
 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Architects & Engineers Professional Liability Program
 Project Number: AIC-07-EO-25

Status of Filing in Domicile: Pending
 Domicile Status Comments: This filing is being submitted simultaneously countrywide.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/27/2008

State Status Changed: 03/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

New Hampshire Insurance Company (the "Company") currently has on file with your Department its Architects and Engineers Professional Liability Program (the "Program"). The Company submits for your review and approval its Notice of Cancellation and Nonrenewal to Certificate Holder – Form No. 96360 (10/07) to be used with the Architects and Engineers Professional Liability Policy – Form No. 84002 (2/05).

SERFF Tracking Number: AGNY-125517297 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-07-EO-25

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program

Project Name/Number: Architects & Engineers Professional Liability Program /AIC-07-EO-25

Please refer to the attached Form Listing for information about the form included in this submission.

Company and Contact

Filing Contact Information

Janine Graham, Filings Analyst Janine.Graham@AIG.com
 175 Water Street (212) 458-7463 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania
 70 Pine Street Group Code: Company Type:
 New York, NY 10270 Group Name: State ID Number:
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0172170

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: (\$50.00 X 1 Form Filing) X 1 Group = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	03/03/2008	18278424

SERFF Tracking Number: AGNY-125517297 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-07-EO-25

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program

Project Name/Number: Architects & Engineers Professional Liability Program /AIC-07-EO-25

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted			
Approved	Edith Roberts	03/27/2008	03/27/2008			
Objection Letters and Response Letters						
Objection Letters		Response Letters				
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	03/14/2008	03/14/2008	Janine Graham	03/21/2008	03/21/2008
Industry						
Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Form Listing	Supporting Document	Janine Graham	03/06/2008	03/06/2008
Uniform Transmittal Document-Property & Casualty	Supporting Document	Janine Graham	03/04/2008	03/04/2008

<i>SERFF Tracking Number:</i>	<i>AGNY-125517297</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-25</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program /AIC-07-EO-25</i>		

Disposition

Disposition Date: 03/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AGNY-125517297	State:	Arkansas
Filing Company:	New Hampshire Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-07-EO-25		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1019 Professional Errors & Omissions Liability
Product Name:	Architects & Engineers Professional Liability Program		
Project Name/Number:	Architects & Engineers Professional Liability Program /AIC-07-EO-25		

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Form Listing	Approved	Yes
Supporting Document	Form Listing	Approved	Yes
Form	Notice of Cancellation and Nonrenewal to Certificate Holder	Approved	Yes

SERFF Tracking Number: AGNY-125517297 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-07-EO-25
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Architects & Engineers Professional Liability Program
Project Name/Number: Architects & Engineers Professional Liability Program /AIC-07-EO-25

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/14/2008
Submitted Date 03/14/2008
Respond By Date
Dear Janine Graham,
This will acknowledge receipt of the captioned filing.

Objection 1

- Notice of Cancellation and Nonrenewal to Certificate Holder (Form)
Comment: Notice would still need to be provided for cancellation due to non-payment.

Please feel free to contact me if you have questions.
Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/21/2008
Submitted Date 03/21/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Dear Edith Roberts,

Thank you for your letter of March 14, 2008, we offer the following response:

The Notice of Cancellation and Nonrenewal to Certificate Holder is meant as an accommodation to the Certificate Holder when the Named Insured is cancelled for reasons other than non-payment. We do not send this notice when the named insured is cancelled for non-payment because our cancellation cycle is 40-50 days. We bill and provide 30 days to remit payment and then tack on the required notice period for cancellation for non-payment. If we then tacked on an

SERFF Tracking Number: *AGNY-125517297* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-07-EO-25*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program*
Project Name/Number: *Architects & Engineers Professional Liability Program /AIC-07-EO-25*

additional period to send notice of the cancellation for non-payment to the certificate holder, we would extend the time on the risk, while not receiving any premium.

We trust that our response will enable you to complete your review of this filing.

Sincerely,

Janine Graham

Related Objection 1

Applies To:

- Notice of Cancellation and Nonrenewal to Certificate Holder (Form)

Comment:

Notice would still need to be provided for cancellation due to non-payment.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Janine Graham

SERFF Tracking Number: *AGNY-125517297* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-07-EO-25*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program*
Project Name/Number: *Architects & Engineers Professional Liability Program /AIC-07-EO-25*

Amendment Letter

Amendment Date:
Submitted Date: 03/06/2008

Comments:

Dear Edith Roberts,

We are filing to amend our Forms Listing which indicated that the endorsement included in this submission is mandatory form, when in fact it will be used on an optional basis. Please see the attached revised Form Listing under Supporting Documentation tab.

Sincerely,

Janine Graham

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Form Listing

Comment:

Form Listing - AE (Revised).pdf

SERFF Tracking Number: *AGNY-125517297* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-07-EO-25*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program*
Project Name/Number: *Architects & Engineers Professional Liability Program /AIC-07-EO-25*

Amendment Letter

Amendment Date:

Submitted Date: 03/04/2008

Comments:

Please see the revised Property and Casualty Transmittal Document under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

03-03-08 AR PCTD-1 - A&E (Revised).pdf

SERFF Tracking Number: AGNY-125517297 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-07-EO-25

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program

Project Name/Number: Architects & Engineers Professional Liability Program /AIC-07-EO-25

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Cancellation and Nonrenewal to Certificate Holder	96360	(10/07)	Endorsement New/Amendment/Conditions		0.00	96360 (10-07) - Notice of Cancellation and Nonrenewal to Certificate Holder.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

NOTICE OF CANCELLATION AND NONRENEWAL TO CERTIFICATE HOLDER

This endorsement modifies insurance provided under the following:

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY

We shall provide written notice in accordance with state law in the event this policy is cancelled or nonrenewed, for any reason other than non payment of premium, to those entities set out in the schedule below.

Schedule

Notice will be mailed to:

To the attention of:

Contract, Permit or Job Number :

Notice will be mailed to:

To the attention of:

Contract, Permit or Job Number :

Notice will be mailed to:

To the attention of:

Contract, Permit or Job Number :

All other terms and conditions of this policy remain the same

Authorized Representative

<i>SERFF Tracking Number:</i>	<i>AGNY-125517297</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-25</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program /AIC-07-EO-25</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125517297 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-07-EO-25
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Architects & Engineers Professional Liability Program
Project Name/Number: Architects & Engineers Professional Liability Program /AIC-07-EO-25

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/27/2008
Comments:
Attachment:
03-03-08 AR PCTD-1 - A&E (Revised).pdf

Satisfied -Name: Form Listing **Review Status:** Approved 03/27/2008
Comments:
Attachment:
Form Listing - AE (Revised).pdf

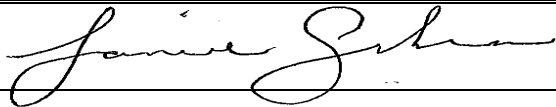
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	American International Group				Group NAIC #	012
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
New Hampshire Insurance Company	PA	23841	02-0172170			

5. Company Tracking Number	AIC-07-EO-25
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Janine Graham 175 Water Street, 17 th Floor New York, New York 10038	Filing Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Janine Graham			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1000 Other Liability – Claims Made Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors & Omissions Liability			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	IArchitect and Engineers Professional Liability Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	April 5, 2008	Renewal:	April 5, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	March 3, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-EO-25
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company (the “Company”) currently has on file with your Department its Architects and Engineers Professional Liability Program (the “Program”). The Company submits for your review and approval its Notice of Cancellation and Nonrenewal to Certificate Holder – Form No. 96360 (10/07) to be used with the Architects and Engineers Professional Liability Policy – Form No. 84002 (2/05).

Please refer to the attached Form Listing for information about the form included in this submission.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount:\$50.00</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-07-EO-25
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Notice of Cancellation and Nonrenewal to Certificate Holder	96360 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Form Listing - Architects and Engineers Professional Liability Program
(AIC-07-EO-25)

Form Title		Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Notice of Cancellation and Nonrenewal to Certificate Holder	96360 (10/07)	E	New	N/A	Optional	Clarifies	No	Cancellation/Nonrenewal Notice

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No

<i>SERFF Tracking Number:</i>	<i>AGNY-125517297</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-25</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program /AIC-07-EO-25</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	02/29/2008	03-03-08 AR PCTD-1 - A&E.pdf
No original date	Supporting Document	Form Listing	03/03/2008	Form Listing - AE.pdf

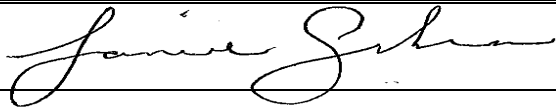
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	American International Group				Group NAIC #	012
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
New Hampshire Insurance Company	PA	23841	02-0172170			

5. Company Tracking Number	AIC-07-EO-25
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Janine Graham 175 Water Street, 17 th Floor New York, New York 10038	Filing Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Janine Graham			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1000 Other Liability – Claims Made Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors & Omissions Liability			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	IArchitect and Engineers Professional Liability Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	April 5, 2008	Renewal:	April 5, 2008
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16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	March 3, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-EO-25
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company (the “Company”) currently has on file with your Department its Architects and Engineers Professional Liability Program (the “Program”). The Company submits for your review and approval its revised Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage) – Form No. 87126 (12/07) to be used with the Architects and Engineers Professional Liability Policy – Form No. 84002 (2/05).

Please refer to the attached blackline to see revisions made to the previous version.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount:\$50.00</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Notice of Cancellation and Nonrenewal to Certificate Holder	96360 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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Form Listing - Architects and Engineers Professional Liability Program
(AIC-07-EO-25)

Form Title		Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
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A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No